



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Hardee Correctional Institution

In

Bowling Green, Florida

on

September 6-8, 2016

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DEMOGRAPHICS

The institution provided the following information in the Pre-survey Questionnaire.

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1498	Male	Close	3

Institutional Potential/Actual Workload

Main Unit Capacity	1227	Current Main Unit Census	1498
Satellite Unit(s) Capacity	288	Current Satellite(s) Census	285
Total Capacity	1515		1783

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		1030	691	62	0	0
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		<i>Impaired</i>
	1	2	3	4	5	
	1754	29	0	0	0	0

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
		161	25	0	0	0

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	0
RN	6	0
LPN	7	1
Dentist	1	0
Dental Assistant	0	0
Dental Hygienists	0	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatrist ARNP/PA	0	0
Psychological Services Director	.5	0
Mental Health Professional	1.5	0
Human Services Counselor	0	0
Mental Health RN	0	0
Mental Health LPN	0	0

OVERVIEW

Hardee Correctional Institution (HARCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, and 3, and psychology (S) grades 1 and 2. HARCI consists of a Main Unit and a Work Camp.

The overall scope of services provided at HARCI include comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, infirmary services, and outpatient mental health care.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at HARCI on September 6-8, 2016. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

Exit Conference and Final Report

The survey team conducted an exit conference via telephone with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in this report are a result of further analysis of the information collected during the survey. The suggested corrective actions included in this report should not be construed as the only action required to demonstrate correction, but should be viewed as a guide for developing a corrective action plan. Where recommended corrective actions suggest in-service training, a copy of the curriculum and attendance roster should be included in the corrective action plan files. Additionally, evidence of appropriate biweekly monitoring should be included in the files for each finding. Unless otherwise specified, this monitoring should be conducted by an institutional clinician/peer and documented by a biweekly compilation of the following:

- 1) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

PHYSICAL HEALTH FINDINGS

Hardee Correctional Institution (HARCI) provides inpatient and outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at HARCI:

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and does not require CIC care more often than six months.
- M3 - Inmate is being followed in a CIC every three months.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in four of the chronic illness clinics and in the general chronic illness clinic review; the items to be addressed are indicated in the tables below.

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of emergency care, sick call, or infirmary care.

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the review of intra-system transfers and medication administration. There were findings requiring corrective action in the review of consultations, inmate requests, and periodic screenings; the items to be addressed are indicated in the table below.

DENTAL REVIEW

There were findings requiring corrective action in the review of dental systems and dental care; the items to be addressed are indicated in the tables below.

ADMINISTRATIVE PROCESSES REVIEW

There were no findings requiring corrective action in the review of pharmacy services, pill line, or infection control.

INSTITUTIONAL TOUR

There were findings requiring corrective action as a result of the institutional tour.

Chronic Illness Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 14 records revealed the following deficiencies:</p> <p>PH-1: In 3 records, the diagnosis was not recorded on all required forms.</p> <p>PH-2: In 4 records, inmates were not seen according to their M-grade status.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in a chronic illness clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 4 of 16 applicable records (17 reviewed), there was no evidence of hepatitis A & B vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 5 of 11 records reviewed, seizures were not classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the neurology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-5: In 1 of 2 applicable records (14 reviewed), there was no evidence of a referral to a specialist although indicated (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the respiratory clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-5: *The record indicated that the inmate required a follow-up pulmonary consult with CT scan. There was no evidence that the consult was completed.*

Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-6: In 1 of 4 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the tuberculosis clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-7: In 9 of 16 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Periodic Screenings

Finding(s)	Suggested Corrective Action(s)
<p>PH-8: In 4 of 18 records reviewed, there was no evidence all diagnostic tests were performed prior to the periodic screening encounter (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving periodic screenings to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-8:** According to Health Services Bulletin 15.03.04, an annual chest X-ray should be completed for inmates aged 55-77, who are either current smokers or quit smoking in the previous 15 years, and who have had a one pack a day habit for 30 years. In all four records, chest X-rays were not completed.*

Medical Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>PH-9: In 4 of 18 records reviewed, the inmate request was not present in the chart and could not be located by staff.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten medical inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the dental clinic revealed the following deficiencies:</p> <p>PH-10: Dental composite and bonding materials were expired (see discussion).</p> <p>PH-11: There was no evidence that all necessary equipment was working and available (see discussion).</p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, training logs, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-10:** The dental composite and bonding materials were expired, ranging from one to three years, and these materials were being used at the time of the survey.*

***Discussion PH-11:** Two of four dental chairs were not in working order.*

Dental Care Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-12: In 5 of 17 applicable records, there was no evidence of an accurate diagnosis and appropriate treatment plan (see discussion).</p> <p>PH-13: In 7 records, there was no evidence timely and appropriate measures were taken to maintain optimal dental health and function (see discussion).</p> <p>PH-14: In 8 records, oral hygiene instruction was not documented as a part of the dental treatment plan.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving dental services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-12 and PH-13:** In one record, restoration was recommended for an inmate with tooth decay into the pulp and below the alveolar bone level, rather than tooth extraction. In another record, the treatment plan was not appropriate for an inmate with a periodontal screening and recording (PSR) code of three with deposits and bleeding. In three records, gross debridement and prophylaxis was inadequate for inmates with subgingival calculus. In one record, an inmate with a broken tooth (number eight) was slated for endodontic treatment on 11/7/14; however, the treatment was not completed until 10/18/15. In another record, premedication was noted in the record as being required; however, extractions were done on 2/4/16 and 6/13/16 without premedication. Lastly, an inmate was diagnosed for extraction of*

tooth number four and 11 on 1/20/16. Tooth number 11 was extracted on 4/19/16. On 5/2/16 the inmate submitted a sick call request due to tooth number four being broken again and requesting assistance for pain. The inmate was seen in sick call at that time, but the tooth was not extracted until 7/13/16.

Institutional Tour	
Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiencies:</p> <p>PH-15: All dorms did not provide safe, operational, and/or adequately equipped bathroom areas (see discussion).</p> <p>PH-16: First aid kits were missing seals/tags.</p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, training logs, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-15:** There was a broken light with exposed wire in the G-dorm shower area. Additionally, hot water was not available.*

CONCLUSION

The physical health staff at HARCI serves a complex and difficult population, including inmates with multiple medical comorbidities. Physical health care is provided on an inpatient and outpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. Reportable findings requiring corrective action are outlined in the tables above.

The staff at HARCI was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. Patient medical records were well organized. Interviews conducted by surveyors indicated inmates were familiar with how to obtain routine medical and emergency services and inmates expressed satisfaction with access to health care services. Inmates were complementary of their experiences at the medical clinic.

CMA surveyors noted a few areas in which the provision of clinical services were found to be deficient. These included missed vaccinations, untimely clinic appointments, no follow-up with a specialist off-site when indicated, and incomplete diagnostic testing. There were also several findings in the provision of dental services and care. Documentation issues were noted as well, such as the diagnosis not being recorded on problem lists, and the lack of classification of seizures.

Based on the discussions above, it is clear that the institution will benefit from the corrective action plan (CAP) process. Medical staff indicated they were appreciative of the CMA review, and would use the report results and the corrective action process to improve care in areas that were found to be deficient.

MENTAL HEALTH FINDINGS

Hardee Correctional Institution (HARCI) provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at HARCI:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There were no findings requiring corrective action in the review of Self-harm Observation Status (SHOS). There were no episodes of restraints at HARCI.

USE OF FORCE REVIEW

There were no findings requiring corrective action in the review of use of force episodes.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings requiring corrective action in the review of psychological emergencies, inmate requests, or special housing.

OUTPATIENT SERVICES REVIEW

There were no findings requiring corrective action in the review of outpatient mental health services.

MENTAL HEALTH SYSTEMS REVIEW

There was a finding requiring corrective action in the review of mental health systems; the item to be addressed is indicated in the table below.

Mental Health Systems Review

Finding(s)	Suggested Corrective Action(s)
<p>MH-1: There was insufficient psychiatric restraint equipment for the inmate population (see discussion).</p>	<p>Provide evidence in the closure file that the issue described has been corrected.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-1:** According to HSB 15.05.10, the health services administrator shall ensure that the following equipment is available and in good working condition: two or more sets of wrist and leg restraints and a restraint bed. There was no restraint bed available at Hardee CI.*

CONCLUSION – MENTAL HEALTH

The staff at HARCI serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed, and provide daily counseling for inmates in SHOS. Reportable findings requiring corrective action are outlined in the table above.

The only finding in the mental health portion of the report is related to missing equipment. Although there have been no recent episodes of psychiatric restraints at HARCI, the equipment needed must be available.

The quality of progress notes and summaries was excellent and the documentation of mental health encounters was complete and informative. Individualized Service Plans (ISP) were timely and relevant. Issues addressed in counseling were reflective of problems listed on the ISP. The mental health professionals seemed dedicated to providing services to inmates in their care. Additionally, security safety checks and mental health nursing assessments were thorough and consistently completed. Staff were cooperative and helpful throughout the survey process. Medical records were well organized and readily available. Overall, staff were responsive to using the Corrective Action Plan process to improve inmate mental health services.

SURVEY PROCESS

The goals of every survey performed by the CMA are:

- 1) to determine if the physical, dental, and mental health care provided to inmates in all state public and privately operated correctional institutions is consistent with state and federal law, conforms to standards developed by the CMA, is consistent with the standards of care generally accepted in the professional health care community at large;
- 2) to promote ongoing improvement in the correctional system of health services; and,
- 3) to assist the Department in identifying mechanisms to provide cost effective health care to inmates.

To achieve these goals, specific criteria designed to evaluate inmate care and treatment in terms of effectiveness and fulfillment of statutory responsibility are measured. They include determining:

- If inmates have adequate access to medical and dental health screening and evaluation and to ongoing preventative and primary health care.
- If inmates receive adequate and appropriate mental health screening, evaluation and classification.
- If inmates receive complete and timely orientation on how to access physical, dental, and mental health services.
- If inmates have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning.
- If inmates receive adequate mental health treatment that results in or is consistent with the remission of symptoms, improved functioning relative to their current environment and reintegration into the general prison population as appropriate.
- If inmates receive and benefit from safe and effective medication, laboratory, radiology, and dental practices
- If inmates have access to timely and appropriate referral and consultation services.
- If psychotropic medication practices are safe and effective.
- If inmates are free from the inappropriate use of restrictive control procedures.
- If sufficient documentation exists to provide a clear picture of the inmate's care and treatment.
- If there are sufficient numbers of qualified staff to provide adequate treatment.

To meet these objectives, the CMA contracts with a variety of licensed community and public health care practitioners, such as physicians, psychiatrists, dentists, nurses, psychologists, and licensed mental health professionals. The survey process includes a review of the physical, dental and mental health systems; specifically, the existence and application of written policies and procedures, staff credentials, staff training, confinement practices, and a myriad of additional administrative issues. Individual case reviews are also conducted. The cases selected for review are representative of inmates who are receiving mental and/or physical health services (or who are eligible to receive such services).

Conclusions drawn by members of the survey team are based on several methods of evidence collection:

- Physical evidence – direct observation by members of the survey team (tours and observation of evaluation/treatment encounters)

- Testimonial evidence – obtained through staff and inmate interviews (and substantiated through investigation)
- Documentary evidence – obtained through reviews of medical/dental records, treatment plans, schedules, logs, administrative reports, physician orders, service medication administration reports, meeting minutes, training records, etc.
- Analytical evidence – developed by comparative and deductive analysis from several pieces of evidence gathered by the surveyor

Administrative (system) reviews generally measure whether the institution has policies in place to guide and direct responsible institutional personnel in the performance of their duties and if those policies are being followed. Clinical reviews of selected inmate medical, dental and mental health records measure if the care provided to inmates meets the statutorily mandated standard. Encounters of an episodic nature, such as sick call, an emergency, an infirmary admission, restraints, or a suicide episode, as well as encounters related to a long-term chronic illness or on-going mental health treatment are also reviewed. Efforts are also made to confirm that administrative documentation (e.g., logs, consultation requests, medication administration reports, etc.) coincides with clinical documentation.

Findings identified as a result of the survey may arise from a single event or from a trend of similar events. They may also involve past or present events that either had or may have the potential of compromising inmate health care. All findings identified in the body of the report under the physical or mental health sections require corrective action by institutional staff.